



PREPARATORY TECHNICAL MEETING FOR THE INTERNATIONAL CONFERENCE ON NUTRITION (ICN2)

Rome, 13-15 November 2013

Session 4

What are the policy lessons learned and what are the success factors

Panel 3: Social Protection and Nutrition

(English only)

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Preliminary note

1) In December 1992 the first International Conference on Nutrition (ICN) was held in FAO's Headquarters in Rome. The Conference was jointly sponsored by the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO). Delegations from 159 countries and the European Economic Community, 16 United Nations organizations, 11 intergovernmental organizations, and 144 non-governmental organizations met to discuss ways to eradicate hunger and malnutrition, to examine the magnitude and extent of malnutrition and hunger and diet-related diseases to develop cost effective strategies to promote nutritional well being to increase public awareness of these problems, to mobilize financial resources to solve these problems and to establish a global monitoring system. One of the outstanding results of the ICN was the preparation of National Plans of Action for Nutrition (NPANs) which represent the countries' priorities and strategies for alleviating hunger and malnutrition.

2) Twenty years later it is time to review what progress has been made, identify the challenges that remain and the opportunities for improving nutrition that have since arisen. The ICN2, to be held in 2014, will take advantage of the increased international political

attention to nutrition and ensure the necessary support for action at all levels. The ICN2 will be a high-level political event and the first global intergovernmental conference devoted solely to addressing the world's nutrition problems in the 21st century. Reflecting the multi-sector nature of nutrition, the Conference will bring food, agriculture, health, education, social protection and other sectors together to capitalize on the current momentum that is building for nutrition, and to contribute to global efforts such as the SUN movement¹, to mobilize the political will and resources necessary for improving nutrition and for reaching consensus around a global multi-sector nutrition framework indicating concrete steps to improve nutrition.

Preparatory Technical Meeting 13-15 November 2013

3) As part of the preparations for the ICN2, FAO and WHO are jointly organizing a Preparatory Technical Workshop to be held from 13 to 15 November 2013, at FAO Headquarters in Rome. Participants will include high-level technical experts from food and agriculture, health, social protection and other sectors as well as relevant selected experts from United Nations agencies and other intergovernmental organizations, civil society including non-governmental organizations, researchers, the private sector and consumer associations.

4) To feed into and inform this meeting, a series of on-line discussions on selected thematic areas were launched on the Global Food Security Network Forum FSN. The first one of the series was promoted by IFPRI, ODI, IPC-UNDP, UNICEF, WFP and the World Bank as part of the ICN2 Social Protection and Nutrition Task Force. The discussion was titled “*Social protection to protect and promote nutrition*” and aimed to explore how the most disadvantaged and nutritionally vulnerable groups of society - low income, resource poor, food insecure, economically marginalized and socially excluded (especially women and children) - can be protected by an inclusive development process through the design and implementation of nutrition-enhancing social policies and social protection interventions.

5) This background paper collects key policy considerations highlighted during the discussions as well as selected good practices and lessons learned from different country experiences, and transformative social protection programmes and policy initiatives with a relevant impact on nutrition outcomes. It aims at stimulating conversation and debate around specific social policy options as well as providing guidance for institutional arrangements in order to help countries to better address the multiple burden of malnutrition.

¹ The SUN Movement reflects the collective efforts of governments, organizations and individuals – working together towards the vision of ending hunger and malnutrition in all its forms so that within our lifetimes, every mother, child and family can realize their full potential and right to adequate nutritious food. <http://scalingupnutrition.org>

I. Socio Economic Costs and Nutrition Returns of Social Protection Measures

6) Malnutrition, in all its forms, is an intolerable burden not only on national health systems but on the entire cultural, social and economic fabric of nations, and is the greatest impediment to development and to the fulfillment of human potential. While the cost of treating and dealing with the effects of malnutrition, whether in fiscal, economic or human terms is high, the cost of prevention is much less. Investing in nutrition, therefore, not only is a moral imperative, but also makes economic sense as it improves productivity and economic growth, reduces health care costs and promotes education, intellectual capacity and social development.

Calculating economic returns to Nutrition.

7) There should be little doubt that investing in nutrition is a sound economic policy as well as a sound social policy. Malnourished children – if they survive to adulthood - are on average less productive in the work force due to fewer years of schooling and less learning for each year that they do attend school (Alderman 2010; Hoddinott et al. 2013). In addition, low birth weight and stunting both strongly influence cognitive and non-cognitive skills including a range of socio-emotional behavioral factors such as conduct, motivation, and persistence (Walker et al. 2011).

8) Until recently, the evidence for the contribution of nutrition to economic productivity was based on indirect inferences, albeit with fair consistency and regularity of these results. For example, the extensive evidence that nutrition contributes to school performance has been linked with other economic evidence that wages respond to both years of school and to learning. Moreover, with increasing availability of panel data researchers have been able to follow the same individuals from early childhood to their adult years, providing confirmation – if any were needed - that malnutrition predicts low adult human capital (Adair et al. 2013). In one notable study, participants in a randomized nutritional intervention in Guatemala were tracked for over a quarter of a century. This study showed that boys who received nutritional supplements as children received wages on average 46% higher than the control group when they were between 25-42 years old (Hoddinott et al. 2008). There was not a significant increase of wages for women in this cohort – perhaps due to limited wage opportunities in the communities – but there were increases in schooling attainment for women. Moreover, both women and men had higher scores on cognitive tests (Maluccio et al. 2009).

9) The cost of lost productivity attributed to early malnutrition can be turned around to ascertain the benefits of interventions aimed at preventing this malnutrition. Furthermore, with evidence on the cost of achieving this goal, economic rates of return can be estimated (Alderman 2010; Hoddinott et al. 2013). These returns have proven to be substantial; for example, in 2008 a panel of economists outside of the health sector, including 5 Nobel laureates, ranked five proposed investments in nutrition to be among the ten most productive investments from a list of 30 possible investments covering a wide range of sectors including air pollution, conflict resolution, education, and the removal of trade barriers (Lomborg,

2009). More recently, Hoddinott et al. (2013) extrapolated the results from Guatemala to 14 countries with a high burden of malnutrition and found that the benefits from reducing malnutrition far exceeded the costs, with the median benefit to cost ratio for these countries being 18.

10) Such estimates, of course, require a range of assumptions. Given competing claims for national resources and the tendency to be more critical of evidence that challenges the status quo, it is advisable to be both conservative in the assumptions used and transparent in communicating these. For example, Hoddinott et al. (2013) assumed that even with a nationwide program and the costs associated with going to scale, nutrition specific interventions would reduce current levels of stunting by only a third. These estimates also treat the stream of benefits in the future in a relatively conservative manner. Such discounting of future benefits relative to current costs is often at the heart of debates around investments that take decades to realize their full benefits and thus needs to be handled in a manner that shows the sensitivity – or its absence – to the assumed discount rate.

11) Similar estimates are conservative in another key respect as well; they show a high rate of return for investments in nutrition in terms of productivity alone. But improved nutrition also prevents child mortality. This is clearly a social good even though there is no consensus on how to put this benefit in a metric that can be aggregated with other economic gains or compared to other investments. Since economic rates of returns are favorable when excluding this substantial social gain, they are clearly more favorable with this additional consideration. Other benefits such as reduced costs for treating childhood morbidity or reductions in chronic disease for adults can also be traced to improved nutrition in childhood. The former can be monitored, yet are usually small in comparison to the lifetime gains in productivity. The latter gains are also real but secondary to more immediate considerations. While undernutrition in childhood is a risk factors for high glucose concentrations, blood pressure, and harmful lipid profiles after controlling for body-mass index and height (Victora et al., 2008), the benefits from reduced risk of chronic diseases attributed to child investments are particularly sensitive to discounting the future given the intervening decades..

II. Basic Concepts

What is Social Protection?

12) There are numerous definitions of social protection, all of which provide a varying focus on some of the key roles which social protection can play in social policy: protective, preventative, promotive and transformative. Protective measures provide relief from deprivation as a result of the impact of shocks such as drought and market instability; preventive measures seek to avert deprivation through risk management schemes such as insurance; promotive measures aim to enhance real incomes and capabilities through a range of livelihood-enhancing programmes targeted at households and individuals, such as microfinance and school feeding; transformative measures seek to address concerns of social

equity and exclusion, such as collective action for workers' rights, or upholding human rights for minority ethnic groups; transformative interventions include changes to the regulatory framework to protect "socially vulnerable groups".

13) This paper proposes a functional definition of social protection based on that adopted by the Institute of Development Studies (IDS), which identifies three overlapping target groups – the poor, the vulnerable, and the marginalised – with distinct social protection needs: *"Social protection describes all initiatives that: (1) provide income (cash) or consumption (food) transfers to the poor; (2) protect the vulnerable against livelihood risks; (3) enhance the social status and rights of the excluded and marginalised with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups"*.

14) Social protection systems have three main objectives: to guarantee access to essential goods and services for all members of a society, to promote active socio-economic security, and to advance individual and social potential for poverty reduction and societal development [Bonilla Garcia and Gruat 2003]. It thus not only helps people to cope with risks and reduces inequalities, but also enables them to develop full potential for personal growth and meaningful contributions to their societies throughout their life [Chicon et al 2004].

15) These objectives can be achieved through four pathways:

- Accumulating human capital. Social protection schemes can make focused effort to improve nutrition through food and cash transfers, school feeding programs and through income pathways such as public work programs. Better nutrition during the full 1.000 days of a child may lead to higher income streams when they become adults, due to the combined effects of better cognitive development, school attainments and labour productivity. Improved nutrition among pregnancy and lactating women has also a positive impact on the child's nutritional status.
- Assisting in managing risk; safety nets help households manage risk both *ex ante* - by income smoothening and by encouraging the adoption of higher-income livelihood options (For example, farmers may underperform because of risky environment and/or conservative practices but could be encouraged to shift to more rewarding practices); and *ex post* by addressing immediate consumption needs and by protecting household assets after a natural or manmade shock.
- Alleviating some market failures. Safety nets enable households to make better investments in their future addressing some of the imperfections in markets caused by constraints in obtaining credit, inputs, and insurance, and from information asymmetries as well as by changing incentives to invest in human capital of children [Alderman and Yemtsov 2013]. Examples include labour-intensive schemes to build bridges that connect markets; or providing cash, credit or insurance to income-constrained households. Through production and income pathways these efforts may help raises the availability of food or cash to spend on food consumption.

- Reducing inequality. Greater equality may enable marginalized people to participate more actively in inclusive and pro-poor growth processes

16) These four linkages are changing the perception of social protection from a short term palliative to an investment in future growth [Gentilini , Were Omamo, 2011] .

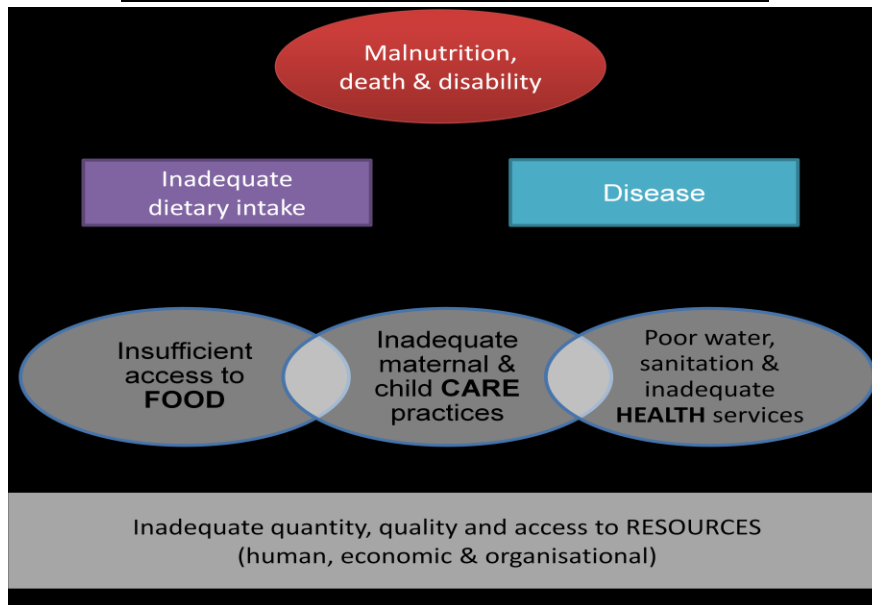
What is malnutrition?

17) Malnutrition can be a cause and an effect of poverty. It encompasses both undernutrition and overnutrition, which increasingly coexist and adversely affect human health and wellbeing. . FAO defines malnutrition as “An abnormal physiological condition caused by deficiencies, excesses or imbalances in energy, protein and/or other nutrients that are essential for physical and cognitive growth and development”.

18) Undernourishment refers to food intake that is insufficient to meet dietary energy requirements for an active and healthy life [FAO 2013]. Undernutrition presents in various manifestations, including: a) acute malnutrition or “wasting” (extreme thinness); b) chronic malnutrition or “stunting” (linear height shortfalls); c.) underweight (inferior weight for a given age); and micronutrient deficiencies (lack of vitamins and minerals). Whereas wasting results from rapid weight loss and/or inability to gain weight during a short timeframe, stunting stems from long-term nutritional deficits and/or repeated illness during the crucial 1,000 days window (between conception and a child’s second birthday). Although underweight is an indication of both acute and chronic malnutrition and thus less precise a classification it has been used as an indicator in the Millennium Development Goal for Poverty and this is widely monitored [WB 2006; YOUNG , Jaspars 2006].

19) The causes of malnutrition are multi-factorial (see figure 1) the most direct of which include inadequate dietary intake and disease. The basic and underlying causes of inadequate dietary intake are widely considered to be household food insecurity (in terms of availability, access, utilization and stability of safe and nutritious food), which are underpinned by poverty and inadequate access to livelihoods resources.

20) Many social protection scheme directly intervene at the immediate or *basic causes*, more often targeting poor care practices (e.g. poor breastfeeding, child feeding with inadequate complementary food, personal hygiene and childcare, among other behaviors), insufficient access to health services and an inadequate health and sanitation environment [UNICEF 1990].

Figure 1: conceptual framework of malnutrition.

Adapted from UNICEF (1990)

III. How Can Social Protection Affect Nutritional Outcomes?

Basic and Immediate Causes of Malnutrition

21) Social protection programmes and broader social policy efforts aim to address poverty and nutritional vulnerability through a range of instruments. While few of these instruments have traditionally had explicit nutritional objectives, social assistance measures for the chronic poor are the most widespread type of social protection instruments where explicit nutritional objectives are formulated, often to address the *immediate causes of malnutrition linked to inadequate dietary intake and disease*. These include poor diet (insufficient food, or a lack of variety of foods in meals, low concentrations of energy and nutrients in meals; infrequent meals; insufficient breast milk and early weaning). Additionally, *diseases* (especially infectious diseases) contribute to undernutrition because a sick child may not eat or absorb enough nutrients, or may lose nutrients from the body due to vomiting or diarrhea, or have increased nutrient needs which are not met. Social protection policies and programmes can address these causes by fostering appropriate food consumption and utilization; increasing access to health, water and sanitation, and encouraging acquisition of knowledge about nutrition and care practices.

22) *Transfers*. Cash and voucher transfers represent commonly used options to increase food expenditure, maintain an adequate level of food consumption and at the same time avoid depletion of assets and holdings during lean seasons and/or periods of crisis. In particular, cash transfers² support greater food choice, placing nutritious foods within economic reach

² The cash vs. food issue has been the subject of extensive discussion in the literature dating back to the 1980s – see for example Coate (1989), Dreze and Sen (1990, 1989), Devereux (1988), Bigman (1985) and Sen (1981, 1985).

with the potential to improve complementary feeding among young children as well as the diets of older household members.

23) Nevertheless in some contexts the market might not be strong enough to support cash transfers, and in some circumstances they could be misused and achieve few benefits [Devereux 2006]. The recent world price hike showed that many cash transfer schemes had been ill-designed to respond to inflation: when food is not available on the market, such transfers can have an inflationary effect resulting in further increases of food prices locally [Sabates-Wheeler and Devereux, 2010] In some cases, however, governments increased cash allocations to accommodate the increase in the cost of living.

Ghana's Livelihoods Empowerment against Poverty (LEAP) social grants programme

Funded from both general revenues of the Government of Ghana and the U.K. Department of International Development (DFID), LEAP is managed by the Ministry of Gender, Children and Social Protection and implemented by the Department of Social Welfare. As of June 2013, the programme reached over 70 000 households and provided benefits to 177 500 individuals across the ten regions of Ghana.

This is an example of multi-sector coordination that leverages existent social protection programmes to collectively perform a social protection function which, in this case, is to assist the poor "to reduce, ameliorate, or cope with social risk and vulnerability". The programme offers unconditional grants to individuals with limited labour capacity (e.g. the elderly poor, and persons with severe disabilities). Conditional cash transfers exist for the extreme poor and are tied to skill development programmes. The focus is on activities related to asset building and on specific institutional arrangements that ensure that all LEAP beneficiaries are automatically enrolled in a pre-existing national health insurance scheme. LEAP therefore aims to provide for basic needs, help beneficiaries access other existing government interventions, and enhance participants' human capital in order to lead to long-term sustainable solutions to eliminate poverty and strengthen communities.

The local economy-wide impact evaluation (LEWIE) methodology is designed to detail the full impact of cash transfers on local economies, including on the productive activities of both beneficiary and non-beneficiary groups, how these effects change when programmes are scaled up to include larger regions and why such effects occur. The Ghana LEAP LEWIE analysis focused on the 11 districts in Brong Ahafo, Central and Volta regions from which data were collected on LEAP beneficiary households in 2010 and 2012 as part of the impact evaluation commissioned by the Government of Ghana. Viewed from LEWIE perspective the programme's immediate impact is to raise the purchasing power of beneficiary households. As the cash is spent, the transfers' impacts immediately spread from the beneficiary households to others inside and outside the targeted

24) Food transfer programmes entail distribution of food in kind to beneficiaries. In-kind food transfers are useful in situations where markets are not functioning properly, particularly in emergency contexts. School feeding programmes fall into this category and they are often run on a permanent basis in both contexts of chronic food insecurity [EC 2012] and food security (for vulnerable populations who may not have access like Brazil).

25) These are clearly instruments to respond to regional poverty or to economic shocks and often are framed as a means to encourage enrollment and attendance but less often an effective investment in nutrition (Alderman and Bundy, 2012). One drawback is that they do not reach children in the vulnerable 1000 day period – although the indirect impact on siblings of beneficiaries can be appreciable (Kazianga et al. 2014). School aged children are more likely at risk of obesity – a concern being addressed in programs in Latin America – than they

are at risk of additional stunting. They are, however, at risk of anemia. Moreover, folate depletion prior to conception is a risk for subsequent pregnancies that cannot be as effectively addressed at a later date. This implies that school feeding, if it contains micronutrient fortification or the delivery of supplements, has the potential to address nutritional needs of an age group not currently included in other programs. This is a specific example of age based targeting but the issue of inclusion of micronutrient in SP program addresses a benefit that is more general.

26) There is another albeit indirect role of school based social protection – be it school meals, take home rations or even cash transfers. There is a well-documented relationship of schooling and nutritional outcomes even in the absence of curricula designed to impart health knowledge and thus to the degree that social protection increases the demand for schooling it can affect nutrition for the next generation. Moreover, since adolescent pregnancy is a risk factor for fetal and infant undernutrition, due to physiological constraint even when conception is within a marriage and to behavioral issues when sigma is an issue, increased schooling can also indirectly contribute to healthier babies through the timing that women start their families.

The investment case for school feeding

WFP and Boston Consulting Group developed the school feeding investment case for countries which have a WFP presence. The main objective is to assess the monetary cost and economic benefits of providing school feeding and to identify the value created in terms of increased education, improved health and nutrition and value transfer to the beneficiaries. These three effects of income transfer, health improvements and better educational outcomes are linked via the assumption that school feeding improves educational outcomes which consequently increases life expectancy.

The IC draws on the assumption that a higher attendance rate at school increases a child's skill level, which in turn should lead to higher earnings later in life. More specifically, the model assumes that the positive returns on education are such that one additional year of schooling leads to 5 percent higher earnings in the future.

The IC was designed using conservative estimates at each step, and sensitivity checks were done for each parameter to identify the biggest levers. This showed that the main mechanism which creates monetary benefits is increased productivity and the consequently higher wages throughout the adult life of the beneficiary; school feeding prepares the base for this during childhood, accounting for around 74 percent of the overall return.

In line with the current debate on how social protection programmes can contribute to achieve improved productivity and economic growth in developing countries, the IC model further concludes that school feeding is an investment in human capital rather than a social cost.

[Adopted from: WFP, 2013, State of School Feeding Worldwide

27) However, in kind programs are used in a wider range of programmes. The food distributed can be locally purchased, if available; or brought in from other parts of the country or imported, through government purchase or food aid. For example the *Vaso de Leche* (Glass of Milk) programme implemented in Honduras and El Salvador distributes milk rations,

purchased from domestic producers, to school children. Increasingly, local purchasing³ has been promoted and better linkages between food assistance programmes and support programmes to small farmers have been established. Local procurement, in combination with school feeding or the use of vouchers or cash transfers for beneficiaries, is being used as a possible means to achieve sustainable long-term social protection programming and, at the same time, to use the purchasing power of such programmes as a force multiplier and a stimulus for the local agricultural economy [Bundy et al. 2009].

28) There is a vibrant discussion which goes back to the 1970s⁴ on “cash versus food”. It revolves around the identification and implementation of the most suitable instrument, or set of instruments, including cash transfers, vouchers and in-kind food transfers, as a way of supporting vulnerable households in times of need. Since then, a number of factors have fed into this debate, making it quite controversial and complicated. In particular, systems for transferring cash to remote areas have improved considerably in recent years. In most cases food transfers are more expensive means to increase food security than cash. But there could be instances when food transfers may be the only alternative since nutritious foods may not be available in the market to purchase with cash. There remain, however, questions as to whether cash and food transfers are alternative or complementary options, whether they are different in qualitative terms and under which conditions and contexts the alternatives work best.

Monitoring and Evaluation of Vouchers and Cash Transfer Programmes:

Results from a three-year IFPRI-World Food Programme study that assessed the comparative performance of these transfer modalities on household food security in Ecuador, Uganda, Niger, and Yemen were presented to the WFP Executive Board members at WFP headquarters in Rome on 22nd May 2013.

In all countries, an experimental design was used with modalities randomly assigned at a locality level. The timing, frequency, and value of transfers were equalized to the extent possible across modalities, thus ensuring that differences in outcomes were attributable to the modality and not to other confounding factors.

The findings indicate that there is no one “right” transfer modality. The relative effectiveness of different modalities depends heavily on contextual factors such as the severity of food insecurity and the functioning of markets for grains and other foods. In three countries (Ecuador, Uganda, Yemen), cash had a relatively larger impact on improving dietary diversity as did vouchers in Ecuador, but in the fourth country (Niger), food had a larger impact on dietary diversity. By contrast, in two countries, food had a relatively larger impact in terms of increasing quantity of calories available for consumption at the household level. These studies also point to the need to pay increased attention to delivery costs: cash transfers were

³ Through the Purchase for Progress (P4P), WFP purchases staple food from smallholder farmers in 20 pilot countries with a greater incentive to invest in their production, as they have the possibility to sell to a reliable buyer and receive a fair price for their crops. Another example, the initiative – Purchase from Africans for Africa (PAA Africa) – was launched in 2012, with funding from the Government of Brazil, to promote food and nutrition security and income generation among vulnerable farmers and communities in Ethiopia, Malawi, Mozambique, Niger and Senegal. Inspired by Brazil’s food purchase programme – part of the country’s successful “Zero Hunger” campaign – PAA Africa buys cereals and legumes from smallholder farmers to supply local school feeding programmes. It is a partnership between FAO, WFP, the Government of Brazil and the United Kingdom’s Department for International Development (DFID)

⁴ The debate has been the subject of considerable discussion in the famine literature dating back to the 1980s – see for example Coate (1989), Dreze and Sen (1990, 1989), Devereux (1988), Bigman (1985) and Sen (1981, 1985).

29) In addition to social protection programs aimed at supporting households who are chronically poor, many programs are designed to address emergencies, whether due to economic or climatic shocks. There are a range of operational issues unique to transitory crises; from the standpoint of nutrition one that stands out is whether relief programs can include child specific measures in addition to their primary objective of supporting the overall food security of the household. The nutritional impact of emergency response measures may be diluted not only because food is shared among all household members but also because assistance is not designed to meet the dietary needs of the most vulnerable children. Thus, nutritional impacts of emergency deliveries can be enhanced by including lipid-based nutrient supplements [LNS] and/or fortified blended food in the package of assistance to families; these products bearebe specially formulated for nutritionally at-risk children (Chaparro and Dewey, 2010) and LNS have ample shelf life. The evidence of nutritional efficacy to date is mixed (mainly(in because it is a challenge to obtain such evidence in an emergency) but as the risk of long term nutritional consequences of even short term shocks is real, the impact of LNS and fortified blended food as well as costs and potential for local production is likely to translate into corresponding economic returns.

30) **Transfers and Health** Social protection schemes can link health and nutrition through conditional cash transfers (CCTs) which are disbursed upon compliance with health and nutrition requirements, as determined by the given social protection programme. Among the most famous, the *Oportunidades* programme (formerly *Progresa*) in Mexico issues regular cash transfers upon completion of health clinic visits, receipt of nutrition interventions and school attendance. Brazil's *Bolsa Familia* is another example of CCTs which is a component of the nation's multi-sectoral Zero Hunger strategy. Cash transfers are issued to poor households with estimates indicating that 88% of the additional cash is spent on food; transfer conditionalities include prenatal and postnatal visits for pregnant women, participation in growth monitoring, vaccinations and micronutrient supplementation programmes for young children, nutrition education and 85% minimum school attendance for school-age children. Unconditional transfers can also lead to increased utilization of health services. Thus there is some debate as to where programs should be conditioned and where it is more practical to have an unconditional transfer. One key issue revolves around the costs associated with administering such schemes and administrative capacity constraints.⁵

⁵ This controversy becomes further complicated when considering that unconditional schemes have also demonstrated a positive impact on child stunting. For example, South Africa's Child Support Grant (CSG) is part of a broader welfare system, whereby grants are issued to the primary caregiver for all children below fourteen years old on an unconditional basis. The program was associated with a significant impact on stunting among children under three years of age (IDS, 2012).

Mexico: cash transfers and universal health coverage.

Seguro Popular. Mexico has advanced significantly in the quest for universal coverage as a result of the 2003 health reform that legislated the System of Social Protection in Health (SSPH) and Constitutional reform implemented in 1983. A national health insurance programme called Seguro Popular, introduced in the 2003 reform, is providing access to a package of comprehensive health services with financial protection for Mexicans. In 2012, after 9 years of implementation, the country reached a major milestone in universal coverage. As of April, 52.6 million Mexicans, previously uninsured, were incorporated into the SSPH and the budgetary allocation for universal coverage was achieved.

This public insurance scheme offers universal access to a comprehensive package of personal health services with financial protection, thus guaranteeing the effective exercise of the right to health protection. Evidence indicates that Seguro Popular is improving access to health services and reducing the prevalence of catastrophic and impoverishing health expenditures, especially for the poor. Recent studies also show improvement in effective coverage.

Oportunidades. provides small financial stipends along with education and access to health care for Mexico's most vulnerable populations: children under five and pregnant and nursing mothers. It is a program that attempts to solve poverty through a complementary approach that focuses on nutrition, education, and health.

One of the main tenets of *Oportunidades* is an agreement to accept "co-responsibility" for the health and education of the participant's children, both born and unborn. Co-responsibility begins with the state's fulfillment of its part of the agreement by educating and providing health care to all participating mothers, as well as giving them a financial incentive for their cooperation. The other half of the agreement states that women are responsible for adequately feeding and clothing their children, making sure that they continue to attend school, and that they receive suitable nutrition and healthcare. Pregnant women are told that their responsibility as mothers and care providers for their children begins with the baby in utero, which is why they are required to attend monthly prenatal checkups. Failure to comply with any of the co-responsibility stipulation, results in immediate elimination from the program and therefore no cash stipend. The local government clinic physician and school administrators are in charge of evaluating if participants are fulfilling all program requirements.

31) Supplementary feeding extended through the health system may accompany other forms of social protection. It seeks to prevent and treat moderate acute malnutrition among pregnant and lactating women and young children (typically under 2s or under 5s) by distributing food rations/specialised nutrition products to the above-mentioned population sub-groups, either targeted to those individuals with moderate acute malnutrition or distributed on an age-targeted basis in specific contexts (e.g. emergencies situations when foods supplies, cooking utensils and equipment are unavailable, during lean seasons). These strategies can be effective in the prevention of stunting and safeguarding nutrition during the critical 1000 days period (from conception through the first two years of life) [HLPE (2012); Ruel and Alderman 2013].

32) For social protection programs to achieve the economic gains that are known to accrue from improved nutrition in childhood, it is necessary that there is a causal link between these programs and nutritional outcomes. A recent review concluded that there is consistent evidence that both conditional and unconditional transfer programs lead to increased consumption and utilization of health services. However, this does not always translate into a measurable reduction in stunting or anemia (Ruel and Alderman, 2013). Nevertheless, some programs targeted to very young children or delivered where malnutrition was more prevalent did have significant impacts on nutritional status. bulk of evidence on the impact of social protection programs currently available comes from studies conducted in Latin America. This is particularly the case in regards to conditional cash transfers. Various detailed assessments

of transfer programs in Asia and Africa are underway and will provide additional evidence in the near future. regional pattern of current studies may contribute to the modest results showing the impact of transfer programs on anthropometry as might the fact that many studies are of a relatively short duration and include as potential beneficiaries children outside the crucial 1000 days who are less responsive to nutrition interventions. Finally, and critically, although social protection programs can increase health seeking behavior, health services need to be readily available and of high quality for the increased demand to have an impact.

33) Ultimately, increased weight and heights are both steps in an expanded pathway towards reduced mortality and better cognitive abilities of the survivors. In this regards, two recent studies showing that transfer programs reduced child mortality in Latin America are important. For example, as coverage of a conditional transfer in Brazil increased under five mortality declined as did deaths attributed to malnutrition (Rasella et al. 2013). The reduction in overall mortality was greatest where a program to provide free community based health care also had widespread coverage, in keeping with the importance of the supply of services mentioned above. Similarly, as coverage of Mexico's cash transfer program increased infant mortality declined as did the subset of deaths attributed to nutritional deficiencies (Barham, 2011).

34) There have been only a few studies of the link between transfer programs and cognitive outcomes. In one study, Paxson and Schady (2010) observed improved cognitive measures among low income beneficiaries of an unconditional cash transfer in Ecuador. While no improvements in height were found, there was an increase in hemoglobin levels in the low income population. In a nuanced study from México, Fernald, Gertler and Neufeld (2009) indicate the cumulative amounts of cash received explained improvements in height for age for beneficiaries whose mothers had no education and improvements in nutrition as well as cognitive and verbal scores after 10 years. As early cognitive development forms a platform for subsequent skill acquisition (Heckman, 2007), such gains are likely to contribute to productive gains later in life although panels have not yet tracked the impact of a transfer program from early child development through completed schooling and labour participation.

35) **Care practices** *Care giving behaviors that underlie and create the environment within which children are widely seen as central to child nutrition outcomes.* Care (e.g. breastfeeding, food collection and preparation, feeding and watching over children, etc.) and other household duties (collection of firewood, fuel and water) are commonly carried out by women. These duties are typically unpaid and can accentuate gender disparities, hampering women's participation in the labour market, income-generating power, contribution to agriculture, household food security, and ultimately nutrition. Informal and non-regular employment arrangements and inadequate social services exacerbate one another, perpetuating a vicious cycle of poverty and malnutrition [EC (2012; Save The Children 2012)].

The critical role of women's empowerment for nutrition .

Women's empowerment is a complex concept that has been defined and measured in different ways. Although definitions differ, many refer to matters of choice, power, options, control, and agency; a useful conceptualization of empowerment is: "the expansion of people's ability to make strategic life choices in a context where this ability was previously denied to them". Research shows that within a household, men and women often have different preferences for allocating food and non-food resources and may therefore distribute these resources differently based on their bargaining power (one aspect of empowerment) within the household. There is empirical evidence showing the different ways in which women and men use resources, how this, in turn, is associated with nutritional status of women and their children, and why empowering women is so critically important for ensuring the health and nutrition of household members.

The positive association between women's empowerment and their own nutrition and food security and that of their young children is well documented. For example, in Bangladesh, greater empowerment of women (measured by attitudes towards abuse, decision-making power, and mobility) and endowment (such as education and height) have been associated with reduced child stunting and greater dietary diversity scores. In Pakistan, women's intra-household status relative to men (measured by age at marriage, percent education and age difference between woman and spouse, and women's income) was associated with greater food security among their children. In Ethiopia, female empowerment was found to be positively associated with child education and nutrition. Prior cross-country studies have also demonstrated that gains in women's education were associated with nearly 43% of the total reduction in child underweight between 1970 and 1995. Women's social status within the household and community were also found to be significantly associated with the nutritional status of children in South Asia, Sub-Saharan Africa and Latin America and the Caribbean.

Conversely, women who are not empowered tend to have less control over household resources, more time constraints, poorer mental health and self-esteem, and less access to information about health services. As women are often primary caregivers, this can have a direct adverse impacts on their child's nutrition through child care practices as well as indirect impacts via their own nutritional status. Evidence of the association between of domestic violence against women – an indicator of ultimate disempowerment - and nutrition continues to grow. Experience with – or acceptance of – physical domestic violence has been associated with child undernutrition in Bangladesh and in Liberia. Domestic violence has also been associated with a lower use of antenatal care, child immunization or breastfeeding in Colombia, Dominican Republic and Haiti,¹⁶ and an increased risk of infant and under-5 mortality in Nicaragua, which was associated with maternal stress and negative care giving practices and behaviors.

As women are the custodians of household food security and nutrition in much of the world, it is critically important for nutrition-sensitive programs to incorporate and mainstream gender equity and women's empowerment into their design and implementation plans.

[IFPRI Discussion Paper 01294. September 2013. Women's Empowerment and Nutrition]

36) Broad labour regulations can help formalise labour arrangements, sanction and protect maternity and paternity leave, and promote breastfeeding-friendly workplaces to further support childcare [FAO 2012]. Public works programmes may offer temporary employment options in return for in-kind and/or cash or voucher transfers. Other social protection programmes, such as BRAC's Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR/TUP), draw upon a range of activities (e.g. micro-credit, obligatory saving, skills training, asset transfers, cash transfers and awareness-raising) and have been effective at transforming the status of women recipients in Bangladesh from dependent to income-earning household members. Nevertheless, social protection programmes should be mindful of women's time/work burden considerations, taking into account reproductive and productive responsibilities of caregivers, and thus the opportunity costs of participating in such programmes.

37) To this end, social protection programmes may explore and incorporate innovative delivery schemes, which increase convenience of participating in such programmes, to the

extent possible. Some examples include the use of mobile phone-based or electronic money transfers over disbursement at physical sites which can be distant to one's home and workplace and expose recipients to security risks. Another example, payments for the community-driven workfare programmes in Djibouti are automatically processed to a bank account. Time-saving delivery strategies can help free time that may be dedicated to childcare (e.g. breastfeeding, meal preparation) and other care practices (e.g. household water purification) [HLPE 2012]. For example, Ethiopia's Productive Safety Net Programme (PSNP) calls for a reduced work burden via time constraints applicable to pregnant and lactating women. In other cases, steps have been taken to make social protection programmes more childcare-friendly by establishing childcare facilities/services on-site for instance at public works programmes. For example In India, the National Rural Employment Guarantee (NREG) programme provides crèche facility at worksite to encourage women's participation in public works.

38) Exclusive breastfeeding for the first six months of a child's life and to continue breastfeeding thereafter up to the first two years of life is clearly more difficult to practice (and might in some cases be impossible) when the infant/child and lactating mother are physically separated over certain periods of time, be it within one day or over several days. For this reasons efforts should be taken to make social protection programmes more childcare-friendly by establishing childcare facilities/services on-site for instance at public works programmes.

Underlying causes of malnutrition

39) On the other hand, *underlying causes of malnutrition*, mainly household food insecurity, are better addressed through promotive and transformative policy instruments. While the causes of household food insecurity are multi-faceted and differ within and across communities, geographical areas, and seasons, there are some key pathways where nutritional outcomes might have greater relevance. For instance, agricultural production and own-consumption, as well as physical, social and economic access to markets provide opportunities for preventing malnutrition.

40) Agriculture has many opportunities to improve nutrition directly by increasing efficiencies of production by making more food available both in quantity in terms of calories and in quality in terms of variety, diversity, nutrient content and safety, more accessible and more affordable and indirectly by boosting employment and incomes. Food production can be boosted with well-targeted input subsidies (e.g. seed, feed, tools, fertilizers) and rural services (credit services, veterinary services, advisory services etc.) while risks related to harvest failure or livestock losses can be mitigated by agricultural insurance. Reducing household vulnerability to natural or economic shocks that threaten lives and livelihoods can change the investment behaviour of the poor and result in their choosing to use technologies that are riskier in the short term but more productive and profitable in the long term.

41) *Food production* of vulnerable households can be boosted with targeted input subsidies (eg seeds, feeds, tools, fertilizers) and rural services (credit services, veterinary

services, advisory services etc.) while risks related to harvest failure or livestock losses can be mitigated by agricultural insurance.

42) Reducing household vulnerability to natural or economic shocks that threaten lives and livelihoods can change the investment behaviour of the poor and result in their choosing to use technologies that are riskier in the short term but more productive and profitable in the long term [Cole et al 2011]. In terms of nutrition, promotion of a diversified production combined with nutrition education programmes can improve peoples' diets, therefore improving nutritional status. Livestock-oriented social protection schemes have a special potential to play a positive role in having a positive impact on nutrition by promoting the healthy consumption of animal-source food products (meat, milk, egg, etc.), rich in protein and selected micronutrients (e.g. vitamin A, iron, zinc, B12, calcium, etc.).

The Girinka programme in Rwanda

The Girinka programme, initiated by the President of Rwanda in 2006, targets poor households and enables them to own an improved dairy cow. In principle, first, a poor family (inclusion criteria have been established) receives a cow free of charge. Second, when the initial cow reproduces, the first female calf is given to a neighbor who passes on a female calf to another neighbor, and so on. [...] Beneficiaries of "one cow per poor family" report a daily milk consumption of five liters. Additionally, their neighbors who have not benefited from the scheme report that their children (<5 years) now have milk regularly.

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43) *Labour* related problems namely unemployment of underemployment can be counteracted by public works programmes which enhance income through wage employment in the short run, and which generate direct and indirect employment and income effects from productive assets created and improvements in human resources, including skills and nutritional status, in the long run.

Ethiopia: the Productive Safety Nets Programme

For the past decade, the Government of Ethiopia has been implementing a federal Food Security Programme (FSP) which aims to ensure food security for five million chronically food insecure people and for 10 million more who are negatively affected by food shortages during drought years. Started in 2005, one of the three pillars of the FSP is the Productive Safety Net Programme (PSNP) whose objectives are to reduce household vulnerability, improve household and community resilience to shocks and break the cycle of dependency on food aid. It operates through payment for labour intensive public works and direct support through cash or food transfers for those unable to participate in public works. Beneficiary households are intended to acquire sufficient assets to graduate from the PSNP, at which point they receive assistance for one further year. While the program has been successful in improving food security and asset accumulation, there is no evidence to date that this has translated into improved nutritional outcomes for children. However, overall, nutrition has been improving in Ethiopia in the last decade.

44) Agriculture also provides employment for many people living in developing countries, accounting for approximately 70-80% of their income [IFAD and FAO 2008]. It, therefore, provides an important avenue to safeguard decent labour conditions. Labour-oriented social

protection efforts for rural populations require careful consideration to seasonality inherent to the agricultural planting and harvest calendar.

45) Labor-based agriculture interventions also provide opportunities for building strong social networks through farmers associations, cooperatives, producer groups, farmer field schools, etc. These groups strengthen informal social protection practices (neighbourly, amicable assistance) and can also play a key role in improving the nutritional status of group members and their families, if sensitized and empowered. Such groups can be sites for nutrition education and social marketing (e.g. promotion of: exclusive breastfeeding; good complementary feeding; consumption of biofortified foods; among others). These groups can also be leveraged to raise awareness of the early signs of malnutrition and to obtain insight as to who is malnourished, where, as well as to foster a sense of responsibility at the community level, help capacity development and create motivation for developing social services. Some programs have a strong community-orientation (e.g. apply community-based conditionalities or support community projects/improvements), thereby promoting reinvestment in local communities and fostering community empowerment [IFCRC 2011, FAO 2009].

46) *Market instability and nutrition: the role of social protection schemes.* Natural and manmade shocks often increase food prices at the same time as they reduce earnings, creating situations of high instability and vulnerability for households.

47) The large swings in primary food prices observed since 2008, often measured by FAO Food Price Index, are a prominent example of such shocks. Price and income swings affect negatively consumer purchasing power; households, pushed closer to or below poverty lines are compelled to adjust quickly by adopting negative coping mechanisms.

48) A common response to the declines in income is shifting from varied diet rich in micronutrients to one that is derived predominantly from high-carbohydrate staples. This is because most staple foods (e.g. rice, maize, cassava) are much cheaper than fruits, vegetables and animal source foods. When households replace meat, fruits, vegetables and other micronutrient-rich foods with high carbohydrate staples, their energy intake may remain above the minimum requirement, but both macro and micronutrient nutrient intake is compromised, thus increasing risk of stunting, micronutrient deficiencies, and associated poor health outcomes. This is because inadequate dietary intake weakens the immune requirements and weakens the immune system.

49) Poor child nutrition and care is another effect of high food prices. As food prices rise households feel the pressure to increase their income in order to smoothen food consumption. This reduces women's available household care and children feeding as they are compelled to engage in longer and harder income earning activities.

50) Policies aimed at protecting against spikes are most successful when they help to safeguard the basic consumption needs. An effective action involves a mix of measures to ensure local food availability at affordable prices, and sufficient cash/food to help bridge deficits in household budgets. These policy responses include, food stabilization mechanisms,

subsidized food schemes and direct support through temporary food or cash transfers. Direct transfers can be stand-alone or added to existing schemes, such as school-feeding programmes, infant or maternity allowances, and pensions or allowances for older people. An alternative way of providing cash could be through public works schemes. From the supply side grain reserves may be able to help ensuring an adequate market food supplies although there are governance challenges to managing such stocks.

51) While the poorest people are most at risk, the time to develop programmes or policies for them is not during a spike or other food crisis; they should already be benefiting from more routine social protection provision before times of crisis, including, as appropriate, through regular cash or food transfers. A time lag between when prices start to rise and when people get help with this can be enough for negative coping strategies to take place, some of which, such as withdrawal from school, early marriage, or asset sales, are irreversible. Furthermore, if people are going to be able to plan and feel secure, they need the assurance that action will be taken immediately and automatically to protect or assist their basic consumption.

IV. Policy Issues and Considerations

Challenges in estimating social returns.

52) Thus, there is growing body of evidence on how safety nets lead to improved nutrition. In turn this improvement can be transformed into a lower bound estimate of its economic value in terms of productivity gains. Unfortunately it is misleading to view these gains as the full measure of economic returns to social protection programs. The measurement of a single dimension of the outcomes of a safety net program – in this case, improved nutrition - as is often done in cost effectiveness studies biases the economic contribution of safety nets downwards. Transfer programs often have a dual objective of raising current consumption while simultaneously promoting investments in human capital. This makes it difficult to compare outcomes of a safety net with direct investments in health and nutrition which concentrate on only the investment potential.

53) The economic rate of return for a social protection programs, then, requires a summation of the tangible improvements in nutrition with the gains from supporting the basic consumption of poor households. This, however, requires a quantification of the weight society puts on consumption of the poor, not on absolute terms but relative to that of the average citizen. That is, a transfer is neither considered a benefit nor a cost in benefit cost calculations, although the administration budget and any economic distortions are costs and the increased consumption of the poor is a benefit to the degree that society values equity. Societies, at least in their public rhetoric, generally agree that there is a value to increasing the income of the poor. Thus, a dollar transferred to a poor household or earned by a poor household has a higher value in assessing national priorities than a similar dollar for the average household. However, there is no directly observable means to ascertain this social value.

54) In the absence of a monetary valuation of this increase in equity, a direct comparison of direct investments in health and nutrition with a transfer does not put both categories of expenditures on the same metric. A cost benefit analysis or a cost effectiveness comparison within a sector generally assumes away the redistribution value of the transfer or ignores the benefits outside the sector being considered. However, excluding it from estimates of returns implicitly assumes this increased of consumption by the poor has no value whatsoever. Thus, while the contention that investments in nutrition are important for their contribution to economic growth can be easily supported with evidence, the full range of benefits and hence the social value of a transfer program is difficult, if not impossible to document.

Ownership and sustainability of interventions

55) Many social protection interventions have been funded by NGOs and donors, particularly in Africa. These have often been piecemeal and occasionally short lived. In the long run there is a need of sustainable, country/ community owned interventions. Developing countries should consider moving beyond a crisis agenda, away from external aid and place emphasis on designing nationally-owned, context-sensitive, and community/locally driven long-term social protection measures to combat undernutrition. Examples provided during the above mentioned online discussions include strengthening informal institutions and informal protection mechanisms e.g. private transfers between households, orphan programmes, remittances, etc.

56) In some cases engagement of *private sector* in the institutional and governance structures of nutrition sensitive social protection policies may be an option to reduce implementation deficiencies and high administrative costs. This is the case of Chile where, in the school feeding programme, the provision of the meals was gradually transferred to the private sector, contracting with private suppliers. This experience proved to be highly positive in terms of the programme's efficiency and the quality of the food distributed [Juliana Kain et al 2001].

57) Other interlinked sustainability concerns include:

Dependency: Governments across the world are often reluctant to introduce social protection, especially social transfers, because they have concerns about 'dependency'. They are persuaded by the argument that giving regular cash or food transfers to people will cause them to lose their motivation to work towards self-reliance, that the possibility of living on 'handouts' will cause increasing numbers of people to choose this lifestyle of 'leisure', and that this will ultimately become a fiscally unsustainable drag on economic growth. The most common concern by policy-makers is that transfers to beneficiaries will make them 'lazy', or more precisely that they will reduce work effort (HLPE, 2012).

Graduation refers to "a process whereby recipients of cash or food transfers move from a position of depending on external assistance to a condition where they no longer need these transfers, and can therefore exit the programme" (Devereux, 2010, p. 9). Graduation from social protection programmes is a preoccupation for

governments and donor agencies that are concerned about the fiscal sustainability of long-term social transfers, and want to avoid creating ‘dependency’ on these transfers by recipients. Graduation is sometimes seen as an antidote to ‘dependency syndrome’ (HLPE, 2012).

Affordability Is comprehensive social protection affordable in low-income countries? common to hear policy-makers state that while they like the idea of introducing or expanding the social protection system, they simply do not have the fiscal space to do so. Cost considerations are also invoked as a reason for not making social protection rights based: economic, social and cultural (ESC) rights are considered “unaffordable” by many governments. Governments can finance social protection programmes from four sources – reallocate expenditures from other sectors, increase taxes, find international grant financing, or borrow. Grosh et al. (2008) note that each of these has advantages and disadvantages, and there are legitimate debates over how best to balance expenditures between economic sectors, other social sectors and social protection.

58) **Allocating funds.** As a rule of thumb, most countries , spend around 1-2% of GNP on non-contributory transfers to the poor. There is, of course, a lot of variation around this benchmark just as there is a fair amount of disparity in regards to the efficiency of various programs. The scale of such programs depends on both the coverage – the number of beneficiaries – as well as the generosity – the amount of money transferred to each family. While many transfer programs reach only a small share of the vulnerable population, some have extensive coverage. For example, Ethiopia’s productive safety net reaches 10% of the country’s population and transfer programs in Brazil and Mexico reach 25% and in Ecuador 40% of their population. The generosity of transfers also varies widely, ranging from transfers that add only a small amount to a household’s resources to those that boost income by up to one-third for the poorest recipients (Fiszbein et al. 2009). Larger transfers can have a sizable impact on food consumption and use of health and nutrition services through an income response. For a given social protection budget, an increase in coverage reduces the amount transferred to a recipient. Thus, a key policy decision for any social protection program is the tradeoff between widespread but relatively modest transfers and larger financial assistance to a smaller number of vulnerable recipients. In addition to political calculations underlying this policy choice there are technical and tangible considerations as well, including the size and concentration of the vulnerable population as well as the depth of need of this group and the evidence on the improvement in nutrition and other indicators for a given amount transferred.

59) Governments have the additional option of increasing spending beyond the notional benchmark of 2%. In principal, such an increase does not necessarily imply a decrease in other budget expenditures if the government is able to increase its budget envelope. For some countries this is not possible. However, if general revenue can be mobilized although there are costs in terms of reallocation of consumer and producer budgets – referred to as deadweight costs – as well as administrative costs. As an order of magnitude, it costs around \$1.20-1.25 to raise a dollar of new revenue, implying a deadweight loss of 20-25% (Grosh et al. 2008) with no particular evidence that this cost is higher for Africa than for other countries although the cost differs according to the instrument used to increase revenue (Auriol and Warlters

2012). There is no economic rationale for linking a specific revenue instrument to a social protection program although there may be public relations advantages in such a tie as was done with the link between Maharashtra's public works program and a wage tax.

60) From the standpoint of nutritional impact, a key concern is the share of a social protection budget allocated to households with children in the most responsive age population of children less than two years of age as well as to pregnant women. This is a more narrow age target than that often used as a criterion for conditional transfers or for other transfers prioritized to vulnerable children. Similarly, governments often have to determine the allocation of social protection between programs designed to increase productive investments in the health and education of children and those aimed at supporting the health and economic well-being of the elderly; in many countries the potential revenue base is not sufficient to provide assistance to all of the poor (Gentilini and Omamo 2011). This is a policy choice that unfortunately has to weigh the goals of achieving equitable growth as one of the benefits of a transfer program with other equity considerations for the elderly population. While there is evidence that grandparents invest in the nutrition of their grandchildren the programmatic implications of this evidence are often overstated. The strongest evidence on intergeneration support comes from Duflo (2003). However, while this study found that pensions received by women had a significant impact on the nutritional status of their grandchildren, this outcome that was not found for relatives of male pensioners. Moreover, only 46% of pensioners – either male or female - lived with their grandchildren and the positive nutritional impact was only observed if the woman's grandchild was a girl. Therefore, programs targeted to the elderly have (at best) only indirect productivity effects compared to allocating similar funds to children. Conversely, prioritizing funds towards programs linked to human capital investment has a recognizable investment potential but may exclude those that cannot take up opportunities for child investments. Thus, win-win opportunities are fewer than desired and budgets generally have to be allocated balancing the twin priorities of equity and efficiency. This decision may hinge, in part, on the availability of evidence and analysis of the systemic and aggregate economic benefits of social protection and by its role in national poverty reduction policies

Efficient decision making process

61) Effective targeting - Strengthening the focus on the nutritionally vulnerable is key for maximizing programme impact and minimizing leakages. Targeting refers to a mechanism to identify eligible individuals. While universal programmes are accessible to all citizens and residents in a country irrespective of their poverty status, targeted social protection programmes aim at reaching only the poor households [EC 2012]. A number of targeting methods exist – for example, means-tested, age based or categorical, geographical and community based – with comparative pros and cons in each context. However, in low-income contexts where “everybody is poor”, it is challenging to differentiate rigidly between chronic and transitory poverty [Gentilini & Omano 2009]. For this reason it is important to strike a balance between ensuring that benefits reach the most nutritionally vulnerable populations, and avoiding artificial boundaries among and within almost equally vulnerable communities. Approaches need to be fully compatible with prevailing cultural, social and economic factors

[Gentilini and Omano 2009]. For example providing cash to women where gender based domestic violence is prevalent might be counterproductive. Another example: providing food supply, voucher systems and cash transfers without taking into consideration of nutritional habits and traditions and without accompanying nutrition education and behavior change and availability of nutritious foods in local markets, will be unlikely to achieve reduction of under nutrition.

62) *Methodology and tools for monitoring and evaluation*: implementing evidence based nutrition interventions as well as selecting appropriate nutrition indicators for M&E is a challenge.

63) *Cross-sectoral approach and coordination of multiple stakeholders*. Specific interventions in nutrition can only address a share of the global problem (Bhutta et al., 2013). Thus there is a need for nutrition sensitive interventions including social protection (Ruel and Alderman 2013). This requires coordination between key actors in different sectors both for policy making and for implementation. The latter requires that there is a clear attribution of roles and responsibilities of each stakeholder.

Political will/commitment and legislation to support nutrition-sensitive social protection policies.

64) Social protection is a human right stipulated by article 9 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) as well as multiple articles of the Universal Declaration of Human Rights. It furthermore plays a central role in the fulfilment of other rights such as the right to health, food and education, likewise stipulated by the ICESCR [2, 11, Gentilini G and Omano S, 2011, FAO 2012 RTF Brief 3].

65) A comprehensive, legally empowered social protection system is likely to improve nutrition and food security outcomes. This is because once policies and programme are institutionalised in governments' legal structures and budgets, they becomes more visible and formal. Eligible people can claim their rights to accessing the programmes, and governments commit to be more responsible and more accountable in meeting their obligations. For this reason a rights-based approach to social protection promotes social inclusion which can further contribute to improved nutrition and food security outcomes; this is particularly relevant given that marginalisation can be a cause or aggravating factor of malnutrition in some circumstances. While these considerations make the case for enshrining social protection in national legislation and institutionalising it into national programmes, this process may best be pursued through a sequenced approach where government capacity is limited [5, Gentilini G and Omano S, 2011.].

Rwanda: the “Imihigo” performance-based approach.

One of the key tools introduced by the Government of Rwanda in 2006 for reinforcing the local government was the performance-based approach, “IMIHIHO”. Traditionally, *Imihigo* was practiced within the circle of chiefs, with public declarations of what people intended to accomplish and, most important, the expectation that everyone who heard those pledges would support their successful conclusion. Failure to deliver was considered a disgrace for all involved. In modern Rwanda *Imihigo* is a performance contract signed between the President of Rwanda and district mayors on behalf of their constituencies every year. In this contract local governments articulate their own objectives which reflect priorities of the local population and develop realistic strategies to achieve these objectives. Once every year, the district leaders appear before the people and other governing authorities to showcase how they have kept to the promises made. Contracts include indicators related to adequate coverage (quantity) as well as effective coverage (quality) of services.

Health services under this approach are simple and low cost, focusing on the promotion of improved health and hygiene practices, behaviour-change interventions, and such preventive services as distributions of insecticide-treated mosquito nets, oral rehydration therapy, nutritional supplementation and safe water systems. Independent steering committees are established to monitor the performance of the health centres using lot quality sampling and satisfaction survey techniques.

Nutrition. The government of Rwanda has been committed to improve nutrition. A Presidential initiative to address malnutrition was launched in April 2009 and was followed by the First National Nutrition Summit in November 2009. The government has also set up various convening bodies for nutrition, including multi-sectoral nutrition committees which are established at central and local levels bringing together mayors, district directors of health, nutritionists, agronomists and officers from social protection, veterinary, hygiene and sanitation sectors. The Ministry of Health is mandated to provide overall coordination for implementing the National Multi-sectoral Strategy to Eliminate Malnutrition (2010-2013) and a comprehensive joint action plan to fight malnutrition under the Office of the Prime Minister provides a common results framework for nutrition. The action plan takes a multi-sectoral approach incorporating nutrition-specific interventions with nutrition-sensitive actions in six community-led sectors including infant and young child feeding, home fortification, growth monitoring and promotion, screening and treatment of acute malnutrition, nutrition support for HIV/AIDS, nutrition integration into agriculture and links with cooperatives. The plan is being implemented throughout the country and has a monitoring and evaluation element. Multi-sectoral District Plans to Eliminate Malnutrition are also being implemented in all districts.

India: Universalisation of the Integrated Child Development Services (ICDS)

The programme was launched in 1975 seeking to provide an integrated package of services in a convergent manner for the holistic development of the child. It began with 33 pilot projects in different parts of the country. It is the only major national programme that addresses the health and nutrition needs of children under the age of six. It seeks to provide young children with an integrated package of services, including supplementary nutrition, health care and pre-school education. Since the needs of a young child cannot be addressed in isolation from those of his or her mother, the programme also extends to adolescent girls, pregnant women and nursing mothers. ICDS services are provided through a vast network of ICDS centres, better known as “Anganwadis”.

In 2001, the Supreme Court in its landmark judgment (after a PIL was filed by People’s Union for Civil Liberties-PUCL, Rajasthan) ordered the Central government to universalise the scheme to cover all children in India. Universalisation of the ICDS took place around 2006 after the Supreme Court was compelled to chastise the Central government in several consecutive orders. Whether this mandate of food security – covering an age group wider than the key 1000 days – has improved services is a different question and under extensive debate.

[Right to Food Campaign Secretariat, 2008]

V. Conclusions

66) Acceleration of progress in nutrition requires effective, large-scale nutrition-sensitive programmes that address key underlying determinants of nutrition and enhance coverage of effective nutrition specific interventions in public health.

67) Social safety nets are a powerful poverty reduction instrument, but their potential to benefit maternal and child nutrition is yet to be fully realized. To achieve this potential not only do transfer programmes have to increase health seeking behavior, the quality of services available needs also to be strengthened.

68) The nutritional impact of these transfers is enhanced when the programmes are targeted to pregnant women and children less than two years old. This is particularly the case when transfers are conditional on participation in growth promotion or similar programmes. While food security is important for all children, nutrition sensitivity is more narrowly targeted.

69) While in most cases cash transfers are preferred to in-kind transfers, this generalization does not hold when market channels are underdeveloped or disrupted. Moreover, supplementary food and micronutrients for individuals in the sensitive 1000 days serves a different function than transfers to augment overall household food security.

70) School meals and take home rations contribute to food security of households with students. These programmes also increase school attendance. However, the primary impact on nutrition that can be achieved for school age children comes through improved micronutrient status. Thus, school feeding programmes should be fortified or supplemented. This is a particular challenge for home grown school feeding programmes that rely on local markets.

71) The evidence base on nutritionally enhancing social protection programmes is dominated by programmes in Latin America. Additional experience is needed from a broader context and with a focus on the services that can be provided for pregnant women. Additionally, while the importance of improving the nutrition of adolescent girls has received recent attention, there is little known on about social protection programmes that can advance this objective. This suggests a clear research priority.

72) Many pilot nutritionally enhancing programmes are funded by donors and NGOs. Scaling up and long term sustainability depends on government ownership. To the degree that evidence can be assembled that indicates that these programmes reduce child mortality and increase their future well-being, governments will see social protection and in particular nutrition-enhancing social protection as an element of their overall economic development strategy. This is, in part, a research priority, but, as much of this evidence already exists, it is also a communication priority.

VI. Policy Recommendations

73) *In the Policy design process decision makers should:*

- Include nutrition outcomes as an explicit objective of social protection programmes to promote improved nutrition and whenever possible, targeting criteria should be established using a nutrition lens. It is difficult to hold social protection programmes

accountable for nutritional impact if nutrition is not one of the designated programme objectives.

- Encourage Inter-sectoral coordination of multiple stakeholders during the policy formulation stage by thinking beyond Health and Agriculture sectors. Private sector, Civil Society and decisive government/ministerial stakeholders. There should be a clear attribution of roles and responsibilities of each institution.
- Encourage integrated impact assessment to build an evidence-base on the nutritional impact of social protection to strengthen the case for increased integrated and collaborative action. Hence, nutrition impact indicators should be included in social protection M&E frameworks to the extent possible. A growing body of evidence may further increase political will to support such schemes.
- Social protection measures should consider the influence of contextual factors such as access to clean water, sanitation, hygiene, education and maternal knowledge, which all affect nutrition. It is necessary to ensure interventions and policies are sensitive to local social and cultural patterns. For example: providing food supply, voucher systems and cash transfers without consideration of nutritional habits and customs, and without accompanying behavior change communication, will be unlikely to substantially reduce malnutrition.
- Explore the possibility of combining social protection instruments, building on existing social protection forms including formal/traditional mechanisms. These measures can help meet needs of same groups at differing times (e.g. taking into account factors such as seasonality) and/or meet needs of differing groups. They can also help ensure relevance, cultural appropriateness and promote sustainability.

74) ***Governance***

- Many social protection interventions which include improved nutrition in their objectives are funded by NGOs and donors, particularly in Africa. These interventions are often part of a crisis-agenda, they are piecemeal and short lived. As such there is a need for longer term, country- owned, development-oriented social protection programmes.
- Political will and commitment to support nutrition-sensitive social protection policies. A comprehensive, legally empowered social protection system is likely to improve nutrition and food security outcomes. This is because once policies and programmes are institutionalised in governments' legal structures and budgets, they become more visible and formal. As a result eligible people can claim their rights to accessing the programmes, and governments commit to be more responsible and more accountable in meeting their obligations

- Promote a bottom up, inclusive approach where claim holders/intended beneficiaries are involved e.g. Brazil's Zero Hunger programme's integral stakeholders are local social councils.

ANNEX 1: INSTITUTIONAL OVERVIEW: ROLES IN THE INTERNATIONAL COOPERATION SYSTEM

Many members of the international nutrition community are exploring the use of social protection schemes and instruments, including the Rome-based agencies (FAO, IFAD and WFP) and various inter-institutional *fora*.

The World Food Programme (WFP) is currently repositioning itself as a safety net and social protection provider as part of its greater transition from a food aid to a food assistance agency. Elements of WFP's strategy for safety nets and social protection are discussed in various policy briefs and papers, including the Safety Nets Policy (Update 2012), Voucher and Cash Policy (2008), School Feeding Policy (2009) and Occasional Paper 20, "Unveiling Social Safety Nets". Additionally, a strategic evaluation was conducted on WFP's role in social protection safety nets, assessing its current capacity and other factors that influence its ability to deliver social protection more effectively in the future. The findings were discussed during the Executive Board Session in June 2011; recommendations have been put forth to institutionalize WFP's role beyond saving lives, towards building resilience and promoting livelihoods.

The Food and Agriculture Organization of the United Nation (FAO) is in the process of defining its role in social protection and linkages with nutrition. A number of divisions work on social protection issues with various efforts to explore the topic in relation to agriculture and food security underway. FAO has recently developed guidance materials on cash transfers, including a policy and a guidance note. It has also developed guidelines on public work programmes, looking into cash-, voucher- and food-for-work programmatic variations. It has also issued briefing notes on *Social Safety Nets and the Food Security Crisis* and the *Social Protection Floor Initiative*, to which the latter it is one of the participating UN agencies. Multiple elements of social protection are, therefore, incorporated into project proposals and plans, though with little consistency, reflecting the multiple interpretations of this topic in lieu of a corporate definition. Notwithstanding, FAO has comparative advantages which could bring value-added to the social protection arena. Its technical expertise in building communities' resilience through training, capacity building and livelihoods support as well as its access to government and line ministries makes it well-positioned to promote social protection and its integration into national policies, strategies and action plans. Other stakeholders are looking to FAO to provide guidance and tools on the linkages between nutrition, food security and agriculture, broadly, and more specifically, those links between production and consumption, and nutrition and livelihoods support.

The International Fund for Agricultural Development (IFAD) compiles investment plans for country strategies in collaboration with FAO's Agriculture Investment Centre, which include social protection components. It also leads the Community of Practice for Pro-Poor Livestock Development (COP-PPLD), an open platform for knowledge-sharing and discussion among stakeholders involved in pro-poor livestock development. Among other activities, COP-PPLD has funded a review of livestock insurance schemes for smallholders and pastoralists; it is also in the process of devising guidelines for the field implementation of such schemes. Looking ahead, additional thought should be given as to how these measures can enhance nutritional impact.

Inter-agency networks and mechanisms on nutrition are rapidly incorporating the use of social protection tools to address hunger and malnutrition. The **Committee on World Food**

Security (CFS) is the United Nations' forum for reviewing and following-up policies concerning world food security. While the CSF Secretariat is hosted by FAO, WFP and IFAD also contribute. A **High Level Panel of Experts (HLPE)**, composed of 15 world-renowned experts, provides independent advice to the CFS in an effort to improve the robustness of policy making.⁶ These experts recently conducted a study on social protection for food security with the ensuing report published in June 2012. The idea is that the results of this study should inform operational policy recommendations for governments, NGOs, local communities, and international organizations.

The **Standing Committee on Nutrition (SCN)** is the official forum for harmonizing UN nutrition policies and programmes – nutrition-specific and nutrition-sensitive interventions alike. It is presently undergoing the final stages of reform, and is particularly keen to link health, agriculture, food security and social protection. Based on the discussions during a high-level meeting organised by the SCN in late 2009, social safety/protection was elevated on global nutrition agenda, being identified as a key element of multi-sectoral nutrition efforts.

The **Scaling Up Nutrition (SUN)** movement and framework were established by a wide range of stakeholders to accelerate actions to achieve MDG1 targets of halving, between 1990 and 2015, the proportion of people who suffer from hunger poverty and hunger. A roadmap was formulated to help countries who adhere to the SUN movement scale-up nutrition actions, where social protection instruments are included. The SUN movement encourages dialogue between stakeholders so as to consolidate and mainstream lessons regarding social protection and nutrition, among other areas of action. It advocates for the promotion of nutrition-sensitive social protection actions within country plans, and has established a set of indicators and targets to monitor progress.

UN REACH partnership (Renewed Efforts against Child Hunger and Undernutrition) provides a UN mechanism under which FAO, WHO, UNICEF and WFP come together to address a broad spectrum of nutrition issues, facilitating intensified action against women and child malnutrition in support of accelerated progress towards MDG1. At country level, REACH develops capacity and catalyses government-led action during a three-year engagement through a process which is spearheaded by two neutral facilitators. It uses specific tools that encompass the multi-sectoral dimensions of nutrition, incorporating both nutrition-specific and sensitive actions. As part of these multi-sectoral efforts, REACH aims to help countries gain a better understanding of social protection instruments, including their feasibility and respective links to nutrition. It also considers social protection to be an important emerging area of work necessitating further elaboration from both theoretical and practical perspectives, drawing on lessons learned from country experiences.

Interagency Standing Committee (IASC) Food Security and Nutrition Clusters are mechanisms designed to coordinate humanitarian actions in these respective areas. At the country level, nutrition has a strong presence in crisis-affected countries, often with a health focus and led by UNICEF, while Food Security Clusters are co-led by FAO and WFP. There is an ongoing debate concerning how to consolidate and bridge work between the two clusters at the global level. The Consolidated Appeals Process should clarify the formal links between nutrition and food security on a case-to-case basis; likewise, the Office for the Coordination of Humanitarian Affairs (OCHA) through its inter-cluster coordination function offers formal space for the two clusters to work together synergistically. Moreover, different cash and

⁶ For the composition of the HLPE see <http://www.fao.org/news/story/en/item/45086/icode/>.

voucher working groups in the countries work towards *harmonization* of amounts transferred, *coordination* in targeting strategies by different agencies as well as *linking to government programmes*. While the use of vouchers falls under the cluster domain, cluster coordinators cannot determine how agencies implement their cash and voucher programmes.

The above efforts by inter-institutional nutrition collaboration networks and mechanisms are complemented by similar social protection-focused bodies, including the newly formed **Social Protection Cooperation Body**, which was founded during the G20 summit in June 2012. This body will undertake an assessment of social protection programmes, exploring their ability to achieve nutrition outcomes, among other areas of inquiry. Although these bodies are not the primary focus of this review, their involvement and contribution to maximizing nutritional impact of social protection schemes is equally paramount.

The **joint-UN Social Protection Floor Initiative** seeks to facilitate the establishment of minimum social protection floors at the national level to safeguard social rights, services and transfers, including the underlying causes of malnutrition (food, health and care) throughout the lifecycle

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